



What You Should Know About **DIABETES and MEDICARE**

As of January 1, 2005, Medicare covers medical care and screening services important to the fight against diabetes. If you are 65 or older and at risk for diabetes, or have been told by your doctor you have pre-diabetes or diabetes, the Missouri Diabetes Prevention and Control Program asks you to use these new benefits.

In most cases, you will pay 20% of the Medicare approved amount after you meet the \$124.00 Part B deductible for 2006. The Part B deductible may change each year. The Medicare approved amount is the amount Medicare agrees to pay for an item or service.

THE FOLLOWING DIABETES-RELATED SERVICES ARE COVERED:

One-time “Welcome to Medicare” Physical Exam

Medicare covers a one-time preventive physical exam **within the first six months that you have Part B coverage.**

This includes:

- A thorough review of your health
- Education and counseling on preventive services, such as screenings, shots, and referrals for other care if needed

Contact your doctor to schedule a physical exam.

Diabetes Screening - Fasting Plasma Glucose Test

Medicare covers tests to check for diabetes. You can be tested if you have any of the following risk factors:

- High blood pressure
- Increased cholesterol
- Obesity
- A history of unusually high blood glucose (sugar) levels

You can also receive these tests if you have at least two of the following risk factors:

- Overweight
- Family history of diabetes
- Age 65 or older
- A history of gestational diabetes (during pregnancy)
- Delivery of a baby weighing more than nine pounds

Based on the results of these tests, you may be eligible for one or two diabetes screenings each year. **You pay nothing for these services.** Talk to your doctor to see if you have these risk factors.



Glucose Monitors, Test Strips, Lancets, and Other Diabetes Services

Medicare covers these services for people with diabetes. **You need a prescription from your doctor.** If your doctor says it is **medically necessary**, Medicare will allow additional test strips and lancets. Insulin pumps worn outside the body (external), and insulin used with the pumps, may be covered if you meet certain conditions.

If you have diabetes, **Medicare covers therapeutic shoes.** Your doctor must state that you meet certain conditions. There are limits to the amount Medicare will pay for therapeutic shoes.

You must get the supplies from a pharmacy or supplier that is enrolled in Medicare Part B. You can save money if they also accept **assignment** for Medicare covered supplies.

Medicare covers foot and eye exams, including glaucoma testing, for people with diabetes.

For more details, ask for a free copy of *Medicare Coverage of Diabetes Supplies & Services* (CMS Pub. No. 11022) by calling 1-800-633-4227.

This brochure can also be viewed at <http://www.medicare.gov/Publications/Pubs/pdf/11022.pdf>.


Diabetes Self-Management Training

Medicare covers training for people at risk for complications from diabetes. **Your doctor must request this service.** A total of 10 hours of initial training within a continuous 12-month period are covered. One of the hours can be on a one-on-one basis. The other nine hours must be training in a group class.

You may receive another two hours of follow-up training each year after that if requested by your doctor.

You must get the training from a Medicare-approved diabetes education program. Your doctor can refer you, or you can check with the American Diabetes Association by calling 1-800-342-2383 or visiting their website at www.diabetes.org/education/eduprogram.asp.

Medical Nutrition Therapy Services



If you have diabetes or kidney disease, Medicare covers nutrition therapy services. **Your doctor must request these services.** Medicare covers three hours of one-on-one or group medical nutrition therapy services. It must be done during the first year following diagnosis. Medicare covers two more hours of follow-up services each year after that. More hours of services will be provided if your condition, treatment, or diagnosis changes and your doctor requests it. **A registered dietitian or nutrition professional must provide these services.**

Your doctor can refer you, or you can check with the American Dietetic Association by calling the National Center for Nutrition and Dietetics at 1-800-366-1655 or visit their website at www.eatright.org and click on "Find a Nutrition Professional."

Flu and Pneumococcal Shots

Medicare covers a flu shot once each flu season in the fall or winter. Medicare also covers a pneumococcal shot; most people only need this shot once in their lifetime.

You pay nothing for either shot. Talk to your doctor about getting these important shots.

For more details about Medicare's coverage of preventive and screening benefits, ask for a free copy of *Guide to Medicare's Preventive Services* (CMS Pub. No. 10110) by calling 1-800-633-4227. This brochure can also be viewed at <http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf>.

**Call 1-800-MEDICARE
(1-800-633-4227)**

**or go to www.medicare.gov
for more information.**



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services at 1-800-316-0935. Hearing and speech impaired citizens telephone 1-800-735-2966. VOICE 1-800-735-2466.

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